

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

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Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM

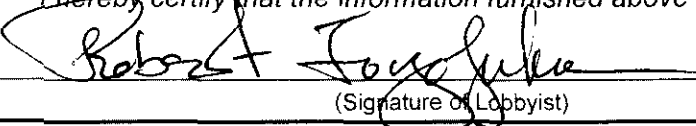
STATE OF HAWAII
STATE ETHICS COMMISSION

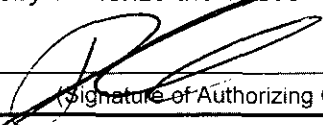
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Toyofuku	Robert	S	808-524-4155
MAILING ADDRESS (Street)			FAX 808-524-0573
1000 Bishop St., #503			EMAIL toyofuku@hiadvocates.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
BT Consulting, Inc. dba Advocates			same
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Bayer HealthCare LLC			914-333-6924
MAILING ADDRESS (Street)			FAX 914-366-1882
555 White Plains Road			EMAIL raymond.frost@bayer.com
(City)	(State)	(Zip Code)	
Tarrytown	NY	10591	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Eleanor Joseph			404-636-5044
MAILING ADDRESS (Street)			FAX 678-816-1719
1918 Connemara Drive			EMAIL ejoseph@eajpc.com
(City)	(State)	(Zip Code)	
Chamblee	GA	30341	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) <u>Pharmaceuticals</u>
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	<u>3/15/2013</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Raymond Frost		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED VP Government Affairs and Public Policy
NAME OF ORGANIZATION (if applicable) Bayer HealthCare LLC		TELEPHONE 973-305-5037
MAILING ADDRESS (Street) 555 White Plains Road		FAX 973-305-5120
		EMAIL raymond.frost@bayer.com
(City) Tarrytown	(State) NY	(Zip Code) 10591
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
 (Signature of Authorizing Officer or Person Represented)		<u>3/14/13</u> (Date)